

Space Relocation, Modification, and/or Utilization Request

This routing checklist must be utilized for consideration of any request to relocate, modify, and/or change the current utilization of a space. This is not meant to be used for routine maintenance requests. Once this form has been routed for all sign offs and recommendations, return it to Staff Engineer, Facilities Management Dept. for presentation at Space Utilization Committee meeting.

Directorate/Department: _____ Date: _____

Current Room	New Room	Date Requested	POC	Department

Brief Description and Justification (Attach additional sheets as necessary): _____

Inclusive within Department? Y / N* Secondary Dept Head concurrence: _____

Inclusive within Directorate? Y / N* Secondary Director concurrence: _____

Any change in functional utilization of the space? Y* / N Describe: _____

Are facility or equipment modifications requested? Y* / N Describe: _____

Department Head Submission Signature: _____ Date: _____

Initiating Director Concurrence Signature: _____ Date: _____

Routing Review	Recommend	Comments Attached	Signature	Date
Facilities Mgmt	Y / N / TBD	Y / N		
Safety Manager	Y / N / TBD	Y / N		
Information Tech	Y / N / TBD	Y / N		
Ind Hyg	Y / N / TBD	Y / N		
MatMan (Equip)	Y / N / TBD	Y / N		
OpMan (Security)	Y / N / TBD	Y / N		
Comptroller	Y / N / TBD	Y / N		
Infection Control	Y / N / TBD	Y / N		
DMLSS FM	Y / N / TBD	Y / N		

Space Utilization Committee Review: Date: _____ Recommend: Y / N

Executive Officer Rec: Y / N Signature: _____ Date: _____

Commanding Officer Approval: Y / N Signature: _____ Date: _____